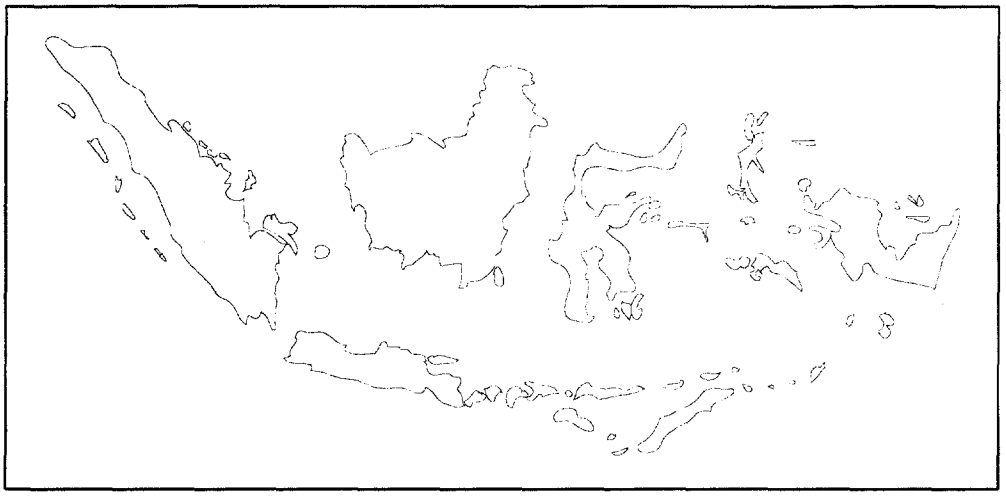
Demand Fulfillment and Demand Creation:

A Dual Approach to Family Planning Program Development



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OPTIONS II Project

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I. INTRODUCTION

Indonesia has the world's fourth largest population, and some of the world's most densely populated areas are among its islands. Indonesia has long appreciated how rapid population growth can be an important constraint to attaining national goals for the health, welfare and prosperity of each citizen. Over two decades ago, Indonesia established a national family planning coordinating board, the BKKBN, to address this concern. BKKBN mobilized extensive family planning services and set quantitative targets for the number of contraceptive acceptors by method. Indonesia has been one of the most successful developing countries in meeting its demographic objectives. The total fertility rate has decreased from 6 children per woman in the 1950s to 2.9 children in 1994. More than half of married couples use contraception.

Recently, BKKBN proposed that the program should shift from emphasizing quantitative targets and focus on fulfilling clients' unmet needs for contraception. The *Family Planning Demand Fulfillment Policy*, adopted in 1994, states that the goal of family planning services is to meet the reproductive preferences and health needs of the client. Shaping services to meet client needs can be synergistic with the concomitant effort to improve the quality of care. Fertility targets are no longer to be used, and the program is to be considered successful when services meet clients' needs.

However, Indonesia maintains its goal of reaching a stationary population. Yet, many couples continue to want many children, and others who state that they want no more children do not avail themselves of contraceptive services. A policy of *Family Planning Demand Creation* can complement the Demand Fulfillment Policy. The Demand Creation Policy is a strategic, multisectoral approach to prioritize development activities based on their ability to foster parents' desire and ability to have few children.

This paper provides an overview of this dual approach to family planning program development. The demand fulfillment approach is described in terms of its potential role in building political commitment and institutional capability for continuous quality improvement. The demand creation approach is discussed in the context of new policy initiatives, such as the Family Welfare Policy.

II. THE FAMILY PLANNING DEMAND FULFILLMENT POLICY

The Demand Fulfillment Policy is an approach to designing family planning services and information campaigns to enable every couple to achieve their desired number and timing of births in a manner that does not jeopardize the health of the woman or child. The Demand Fulfillment Policy is a first step to reorient the family planning program toward client needs and away from quantitative demographic targets. However, operational approaches remain little changed.

To assess program success for each province, BKKBN developed estimates of the number of contraceptive users if prevalence reaches "the total need" for family planning (i.e., the sum of current prevalence plus the "unmet need" for family planning). The number of years needed to reach this higher prevalence is based on the annual increases required to reach the replacement level fertility goal set forth in Repelita VI. Thus, province officials are still given, and evaluated on, annual increases in numbers of acceptors. Counts of acceptors are also specified by contraceptive method. The appropriate method mix is considered a policy decision and is articulated by BKKBN leadership.

Continued use of counts of acceptors as an indicator of program success may undermine improvements in quality of care. Recently, researchers at BKKBN, the University of Indonesia, the Indonesian Society for Obstetrics and Gynecology (POGI) and the Population Council carried out discussion groups with family planning providers and field workers on the subjects of family planning information and contraceptive choice. Providers felt that spending time to explain method use detracted from accomplishing acceptor goals. Field workers said they felt frustrated when they brought a potential acceptor to a clinic and were told by the provider that the method was contraindicated for the client's medical condition (Iskandar, 1996).

A comprehensive reorientation of the program to meet client needs will entail substantial changes in the design of services and information campaigns and in the functions of providers and field workers. Program managers and providers at all levels need to be enabled to deliver services, methods, information and counseling that are well suited to the client. This requires a keen understanding of client's needs, preferences, health circumstances, and family welfare context. A systematic approach of matching needs with solutions will have specific implications for program requirements. National leadership and local staff will need tools and training to diagnose needs and identify solutions. To implement tangible programmatic change, institutional relationships and functions may need to be redesigned. The evaluation criteria, compensation, and rewards of providers and managers should give incentives to behavior that improves the quality of services and meets client needs.

The Demand Fulfillment Policy is concomitant with a quality improvement initiative. Changes that would be brought about by fulfilling demand from a client perspective would be confluent with changes suggested for quality improvement. The quality improvement initiative focuses on identifying and finding provider and material solutions to clinical and interpersonal problems that undermine clients' needs. The Demand Fulfillment Policy focuses on building political commitment and institutional capability so that the family planning program, and all its constituents, can effectively and efficiently implement these solutions.

Two interrelated and simultaneous processes are needed for a comprehensive strategy: an institutional process and a technical process. These processes are intended to bring about three major accomplishments. First, all actors in the family planning program (BKKBN, DEPKES, MinSA, NGOs and private sector providers) should have a common vision and agree on the approach and division of labor to bring about changes. Second, provider and management evaluation criteria, compensation, rewards and incentives should be conducive to improving the quality of services and meeting client needs. Third, efforts should be made to increase the capability of clients themselves, especially women, to understand and carry out their basic rights and responsibilities (see Galway, 1995).

A. The Institutional Process

It is essential to build institutional commitment and capability to design services for clients and to enable and motivate each of the relevant actors in this direction. The first step is to develop, at all program levels, a clear commitment to meeting clients' needs as the program mission. An essential part is to abandon goals for counts of acceptors by method and to put in their place goals for healthy and satisfied clients.

Developing an understanding of the dynamics of communication, planning and evaluation among ministries, within the ministerial hierarchy, and with donors and other government and private sector institutions is an important, ongoing part of the process. This can be done through working groups, interviews with officials, organizational charts, direct observation of institutional activities, and observational field trips.

When functional programmatic responses are identified, a critical step will be to determine ministerial functional responsibilities. Managers will need to determine and convey to staff how changes and implementation will take place. For example, client understanding of the use of different contraceptive methods and their side-effects is weak. More counseling might be identified as a priority need. It is possible that clients may currently receive inadequate information because field workers (employed by BKKBN) and midwives and doctors (employed by DEPKES) each think that counseling is the responsibility of the other ministry's staff. If staff members of either ministry do not consider counseling to be their responsibility, and they are not evaluated on client understanding of methods, it will be unlikely that anyone takes the time and effort to make sure that clients are well informed.

In addition to determining a division of labor and providing training, it will also be essential to make new, client-oriented behaviors an explicit job responsibility, for which personnel will be evaluated. This will keep up the incentive and motivation to focus on the client.

B. The Technical Process

The technical process includes developing indicators of families' needs and approaches to identify programmatic responses to meet these needs. Diagnostic tools will be necessary to enable ongoing needs diagnosis and response identification. To institutionalize and reinforce their commitment to meeting clients' needs with quality care, managers, providers and facilities should be evaluated on the basis of their achieving progress in meeting families' needs. Because not all program improvements can be undertaken at the same time, policymakers and managers will need to assess the benefits and cost requirements of various programmatic responses to establish priorities and a chronology for program change. Staff will need training in the use of tools and assessment techniques for program planning and evaluation.

Indicators to describe couple's needs, concerns, preferences, health circumstances, and family welfare context will be an important part of this process. The BKKBN quality of care working group has drafted a list of indicators of input, process, results, and environment. (FKMUI-BKKBN, 1995). Indonesia has a wealth of existing data from which to develop indicators of need. The demographic and health surveys provide many insights into client preferences, knowledge, use of contraceptive methods, and problems with side effects (see Galway, 1996, for illustrative indicators of client needs based on the 1994 DHS.) Additional indicators may be based on data from other surveys and registrations, collected at exit interviews, or garnered during supervisory visits.

A conceptual approach is needed to associate types of needs with appropriate community and program responses. Creative local responses should be encouraged, including: approaches outside the clinic setting; changes in service policies; approaches to inform and empower clients; special responsibilities for the private sector and NGOs; etiquette guidelines for staff; and specialized staffing and skills development in counseling.

Diagnosis of needs and identification of appropriate responses entail manipulation and analysis of data. Tools to facilitate use of data will be very important to mobilize analytic capability and facilitate understanding and involvement from all levels of personnel. Tools might include a matrix of program responses and interventions that address couples' needs and a computer program to generate estimates and analysis of client needs. Pilot testing and training procedures to ensure effective use of these tools will be needed.

The process of identifying programmatic responses may indicate an overwhelming amount of change and improvement. Expansion in infrastructure, clinical and counseling training, and attitude change may be slow and require major investments and time. Province officials will need to think creatively about how they can best use their resources to respond to needs. An important aspect of implementing the Demand Fulfillment Policy will be to make strategic decisions about the priority and pace at which change is brought about. For instance, decisions might be based on analyses of the costs and benefits of alternate paths of program development.

III. THE FAMILY PLANNING DEMAND CREATION POLICY

Earlier studies by BKKBN have shown that even if every couple who stated a desire to space and limit their births and who intended to use contraception were to use an effective method of contraception, Indonesia would not reach replacement level fertility. Many couples want more than two children, and many couples with an "unmet need" state that they do not ever intend to use contraception. To reach national goals for a stationary population, Indonesia needs to address the demand for children together with the demand for contraception.

Recently, Indonesia enacted a law concerning the development of happy and prosperous families. The Keluarga Sejahtera (Family Welfare) Policy intends to mobilize community resources to satisfy basic physical needs and to bolster religious practices and family cohesion. An annual registration of all households collects information and classifies households into one of five levels. Substantial attention and resources have been dedicated to increase the welfare status of households. The potential impact of this policy is enormous. However, it is unclear whether this policy augers a diminished emphasis on family planning. The Family Welfare Policy could be a huge opportunity to mobilize a multisectoral approach to address the broader reasons for 'unmet need.'

The Demand Creation Policy is a strategic, multisectoral approach to prioritize development efforts based on their impact on fertility preferences. An understanding of how socioeconomic development influences a families' desire for children can be translated into a proposal to shift resource allocation, change regulations, and alter those cultural and institutional structures that encourage high fertility. National development efforts in education, labor force participation, health infrastructure, etc., would be given priority if they fostered parents' desire and ability to have few children. This will have the double benefit of lowering fertility desires and promoting development efforts that encourage parents to invest in themselves and their children. Implementation of the policy will depend on building consensus for the policy, achieving a better understanding of the reasons why women want many children, and creating a social and economic environment that fosters demand for family planning.

1. Identify fertility preferences and characteristics associated with a desire for many children

The first step will be to describe the population among whom there is a demand for many children and an intention not to use contraception. This will identify whether the need for demand creation activities is geographically localized; whether it is concentrated among a few women who want very many children; and whether it is only among older women, and is therefore a passing phenomenon. An overall portrait for Indonesia indicates that the desire for many children is not heavily concentrated among a few women; the desire for three and four children is fairly widespread (Foreit, 1996).

This identification should be followed with research on the key personal and life-style characteristics that motivate the desire for more children. A better understanding of the reasons for wanting a large family can be gained through a literature review, interviews with experts and stakeholders, analyses of data, and focus group discussion. Some of the characteristics that may

be associated with the desire for more children include: women's educational and labor force participation opportunities; child school enrollment; child labor contributions; child care responsibilities within the household; male attitudes toward contraception; gender roles; and equality.

2. Suggest institutional, regulatory and resource allocation changes to develop a social and economic environment that fosters demand for family planning

Each of the personal and life style characteristics that are associated with a desire for many children can be associated with possible programmatic responses from the appropriate social sector. For example, if old age security is an important reason for wanting many children, financial and social support might be increased for couples with few children. Programmatic responses should be thoroughly vetted with affected organizations.

3. Prepare a platform paper and dissemination materials, and hold a policy ratification conference

The research on characteristics and programmatic responses associated with a desire for children might be compiled into a report for circulation and discussion at a national conference to build consensus for the Demand Creation Policy.

IV. CONCLUSION

Reaching a stationary population is an important goal in Indonesia. While this is a national goal, it is intended for the benefit of each individual citizen and family. Indonesia's Ministry of Population has taken a dual approach to foster a path of national development that supports families' health and welfare needs and motivates individual behaviors that uphold national goals for sustainable development.

The demand fulfillment and demand creation policies are both needed to ensure an effective and efficient family planning system backed up by complementary investments in development. Together, these policies support individual and family reproductive needs as well as national needs for reaching a stationary population.

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